

SUPERIOR COURT OF ARIZONA  
MARICOPA COUNTY

\*\*\* FILED \*\*\*  
07/16/2002

07/15/2002

CLERK OF THE COURT  
FORM E000A

FAMILY SUPPORT/EXPEDITED  
SERVICES

J. Fisher/ES

Deputy

FC 2002-005164

ATLAS No.:NONE

FILED: \_\_\_\_\_

SCOTT MICHAEL LANCE

SCOTT MICHAEL LANCE  
11609 N 41ST DR  
PHOENIX AZ 85029

AND

CINDY LOVE LANCE

CINDY LOVE LANCE  
11609 NORTH 41ST DRIVE  
PHOENIX AZ 85029

**NOTICE OF SCHEDULED CONFERENCE  
WITH EXPEDITED SERVICES**

Pursuant to Administrative Order No. 99-029, this matter has been referred to Expedited Services for scheduling a Conference to establish temporary child support. The above-named Petitioner and Respondent shall appear on **JULY 29<sup>TH</sup>, 2002, at 10:00 AM**, at the following location:

Central Court Building  
Expedited Services  
**201 West Jefferson, Third Floor**  
Phoenix, AZ 85003  
(602) 506-3762 FAX (602) 506-5711

Both parties are ordered to attend. If either party fails to appear, the Conference may proceed unless a continuance has been granted.

SUPERIOR COURT OF ARIZONA  
MARICOPA COUNTY

\*\*\* FILED \*\*\*  
07/16/2002

07/15/2002

CLERK OF THE COURT  
FORM E000A

FAMILY SUPPORT/EXPEDITED  
SERVICES

J. Fisher/ES

Deputy

FC 2002-005164

IT IS FURTHER ORDERED that both parties **SHALL** **[MUST]** bring **THREE SETS** of the following documentation for the Conference (one set for the Conference Officer, one set for the other party, and one set for you). If you do not bring the required number of copies, copies will be made at the time of the Conference and you will be assessed the \$0.50 per page copy fee pursuant to A.R.S. §12-284.

1. Proof of income for the past two years (including check stubs, W-2 forms, W-4 forms, and past Income Tax forms).
2. Proof that you actually pay court-ordered child support for child(ren) other than the child(ren) in this case.
3. Proof of costs of supporting natural or adopted child(ren) for whom there is no court order requiring you to support them.
4. Proof that you actually pay court-ordered spousal maintenance.

In reference to the child(ren) of this case only:

5. Proof of medical insurance premium actually paid by you.
6. Proof of necessary extra education expenses actually paid by you.
7. Proof of child(ren) care costs.

SUPERIOR COURT OF ARIZONA  
MARICOPA COUNTY

\*\*\* FILED \*\*\*  
07/16/2002

07/15/2002

CLERK OF THE COURT  
FORM E000A

FAMILY SUPPORT/EXPEDITED  
SERVICES

J. Fisher/ES

Deputy

FC 2002-005164

8. Proof of extraordinary child(ren) care expenses (gifted, handicapped or special needs not recognized elsewhere).

9. Your child(ren)'s social security number(s).

The above financial information is required to calculate the child support amount accurately. If you fail to bring in the documentation required above, the child support determination may not be accurate and may be to your disadvantage.

**THE CONFERENCE WILL NOT BE POSTPONED IF THE ABOVE ITEMS ARE NOT PROVIDED.**

**INTERPRETER NEEDED:** If you require the services of an interpreter of a spoken language or for the deaf, please call (602) 506-3762 immediately and arrangements will be made to provide these services.

**NOTICE TO THE PARTIES:** The above Conference is for the **Petitioner and Respondent.** (If either party has retained the services of an attorney, the attorney may attend if so desired.) Spouses, child(ren), family members or significant others will not be allowed in the Conference. **Do not bring children. They will not be allowed in the Conference and you may not leave them unattended.** Depending on the issues raised your conference may take several hours.